

EDITORIAL

Cancer Quackery

FOR THE SECOND TIME in eight months a federal court has determined that the "Hoxsey cancer treatment" is worthless and, in so doing, has focused attention on the many variations of cancer treatment foisted on the public throughout the country.

Simultaneously, Mr. George P. Larrick, Commissioner of Food & Drugs, has again taken off the gloves and landed a solid—and public—punch against this particular form of therapy; he labels it as "worthless" and decries the fact that "consumers" are being "deceived by the false claims for the Hoxsey liquid medicines and pills."

Mr. Larrick's current statement follows one issued by him earlier in 1956, when—the first such action in the history of the U. S. Food & Drug Administration—he lashed out at the quackery of the Hoxsey treatments.

His words fall on sympathetic ears in California, where for some years the Cancer Commission of the California Medical Association has waged an unrelenting war on the many forms of cancer therapy which are unproved and without scientific backing but which, apparently, are a fine source of income for their promoters.

In the past few years the Cancer Commission has released public reports on four purported cancer cures or treatments that have been found to lack any scientific value. The policy of the Cancer Commission has consistently been to offer its services to the promoters of cancer therapy of any type. With the cooperation of the promoter, the Commission stands ready to subject any substance to an objective scientific testing in a university or a research hospital. If a so-called cancer cure can be shown by this kind of investigation to have some real worth, the Cancer Commission would be the first body to want to know about it and to further the use of the treatment. It is interesting to note that the promoters of these

"cures" are usually unwilling to release any of their material for such objective testing.

It is also interesting to observe that these promoters owe their practices to word-of-mouth advertising that crosses state lines and brings in patients from all parts of the country. Possibly on the theory that a prophet is without honor in his own house, the cancer miracle man in Texas draws patients from California and his California counterparts count on Texans.

The Hoxsey case bears out this phenomenon. Hoxsey has operated in Texas for some 30 years and has handled patients from all parts of the nation. His treatment has been advertised to the point of notoriety and physicians in all areas know of the worthless character of it. Despite this, and despite the blunt condemnation which has been heaped on the Hoxsey shoulders, cancer victims or those who fear they have the disease continue to journey to his Dallas headquarters for a series of treatments.

To the everlasting credit of the Food & Drug Administration, federal officers have long sought a way to put a stop to this patent quackery. Under the terms of a U. S. Supreme Court decision in 1948, the F.D.A. was finally enabled to file an injunction suit in 1950 and to receive a decree from the federal court in Dallas in 1953. At about that time Mr. Hoxsey branched out with a second "clinic" in Portage, Pennsylvania. This one was so widely publicized that it eventually rated half a dozen photographic pages in *Life* magazine.

Still more recently, Hoxsey has been rumored as preparing to open a third "clinic" in California, possibly in Los Angeles, possibly in Santa Barbara. To date this has not materialized but the rumor persists and the possibility appears ever present.

In his new blast at the Hoxsey system, Commissioner Larrick stated that a new injunction will be sought to prevent the interstate shipment of Hox-

sey's pills. The half million pills ordered destroyed by a federal judge in Pittsburgh can easily be replaced. Mr. Larrick said that his department intends to "use every legal means within our power to protect consumers from being victimized by this worthless treatment." He also called attention to the fact that government evidence in the recent Hoxsey case proved that many of the "cured cases" presented by Hoxsey were people "who either did not have cancer, or who were adequately treated before they went to the Hoxsey clinic, or who died of cancer after they had been treated there." This is typical of many advertised forms of therapy for many things—cancer has no patent on this promotional technique.

The C.M.A. Cancer Commission has long since adopted the same attitude as the Federal Food & Drug Commissioner, namely, to use all legal means to protect the public against cancer quackery. Its offices are always available for the scientific and objective testing of proposed therapeutic procedures. Its current recommendations for cancer treatment are those which have had universal scientific acceptance—surgical operation or irradiation or both.

When further or better forms of therapy are proved, the Cancer Commission will be in the forefront in urging their use. Meanwhile, the war on quackery in this highly emotional and susceptible field of disease cannot be allowed to lag.

Editorial Comment . . .

Fixed Antibiotic Combinations

CURRENTLY the medical profession is being deluged with an unprecedented amount of advertising for preparations containing combinations of antimicrobial drugs. According to the publicity such preparations are "indicated for most common infections" or "dependably effective," thus relieving the physicians of responsibility for attempting a specific etiologic diagnosis; they are "generally well tolerated" or have "a new maximum of safety and toleration," thus reassuring the physician that he will not cause the patient discomfort from side effects; they "prevent the emergence of microbial resistance" and give "superior control of the changing microbial population," making the physician feel that he is protecting his patient by every known means. Often the advertisement mentions the "synergism" attributed to the particular drug combination, usually without defining the term or its meaning, thus attracting the physician's hope for increased potency.

This flood of preparations containing mixtures of antimicrobial drugs probably will significantly increase the total consumption of antibiotics. Concomitantly it may greatly increase the problems resulting from the large scale misuse of antibiotics and diminish the usefulness of these drugs. The undersigned therefore believe it to be their duty to call to the attention of physicians some facts and problems

attendant upon this promotional pressure for the use of combinations of antimicrobial drugs.

In a large majority of common ailments, particularly most respiratory infections, antibiotics are not indicated. In infections caused by a demonstrable specific bacterial agent a single antimicrobial drug is usually the proper choice. Combinations of antibiotics could be employed logically only in the following situations:

1. Mixed bacterial infections—as in wounds, for example.

2. Clinical situations where the rapid emergence of bacteria resistant to one drug may impair chances for cure. The addition of a second drug sometimes delays the emergence of resistance. This effect has been demonstrated in tuberculosis but in other infections the evidence for its occurrence is questionable. However, in staphylococcus infections streptomycin, erythromycin, or novobiocin should usually not be used singly because resistance is likely to emerge rapidly.

3. In some infections the simultaneous use of two drugs gives an effect not obtainable by either drug alone. Such an instance is endocarditis due to *Streptococcus fecalis* (Enterococcus), where the combined effect of penicillin and streptomycin is essential for cure. Such situations are rare. No fixed combination regularly results in such a desirable